



To help the City of Albany keep track of how much organic waste is being diverted from the Landfill we ask that you provide us with some basic information regarding the number of times you use your Albany Composts kitchen scraps bin.

You will only be required to provide this information for the first six months of your participation in the program. After that we will create an estimate for you based on the data received.

**First name \***

**Last name \***

**Date \***



Month   Day   Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**2. How often have you emptied your kitchen scraps bin into your backyard compost unit? \***

**Daily**

**Weekly**

**Bi-Weekly**

Monthly

**3. How full was the bin when you emptied it? If the kitchen scraps bin was not completely full when you dumped it, please use a half or quarter estimation. It does not have to be exact.**

How Many Times

Full Bin

Half Full Bin

Quarter Full Bin

**Additional comments**

Is there anything about the program you want to tell us that we didn't ask about?

If you are unable to send the form electronically you may:

**Mail it to:**

***Department of General Services***

Attn: Albany Composts

One Richard J. Conners Blvd.

Albany, New York 12204

**Fax it to:**

(518) 427-7499

If you have any questions please email [albanycomposts@albanyny.gov](mailto:albanycomposts@albanyny.gov) or call

(518) 434-CITY (2489)